U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 7460

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Albert C Mincey	Name IRON WORKERS AFL-CIO	
	Labor Organization File Number 000-052	
P.O. Box, Bldg., Room No., if any Suite A	P.O. Box, Building and Room Number, if any	
Street 2181 Tower Dr	Street 1750 New York Avenue, N.W.	
City Denham Springs	City Washington	
State Louisiana ZIP Code + 4 70726	State District of Columbia ZIP Code + 4 20006	
5. Position in labor organization.		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
i i i i i i i i i i i i i i i i i i i	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Olles D Miner	On 08/08/2005 225-664-4467	
Signed Carpart 1 - David	Date Telephone Number	
Form ! M-30 /2003)		

Name of Person Filing Albert Mincey		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Impact Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 New York Ave., NW, NW Lobby City Washington State District of Columbia ZIP Code + 4 20006	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	Receives contribut collective bargain	ions from Employers who have ing contracts with local unions-leases office space & employees	
Silver Land Control of the Control o	11.b. Approximate dollar valu	ue of such dealing. \$5,576,825	
State ZIP Code + 4	12.a. Nature of interest hek 06/16/04 - New Orl Food & Drinks	d or income received. eans Regional Advisory Board -	
	12.b. Amount.	\$123	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	4	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

	Name of Person	Filing	Albert	Mincev
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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Robein, Urann & Lurye	a. Labor Organization	
Trade Name, if any: A Professional Law Corportation	Liver and	
P.O. Box, Bldg., Room No., if any P.O. Box 6768	b. Trust	
Street 2540 Severn Ave., Suite 400	c. Employer	
City Metairie		
State Louisiana ZIP Code + 4 70009-6768		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	NY 80 200 3 300 300 4 30 37 37 34 37 30 34 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36
Name Iron Workers Mid-South Pension Fund	Pension Plan Attorney	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 517		
Street 2450 Severn Avenue		
Clty Metairie		
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing.	\$106,783
	12.a. Nature of interest held or income received.	
	12/9-04 - value of Christmas gift Co-Sponsor for dinner held in conj Trustee meeting: 7/12/04 \$19.00 - Co-Sponsor for d conjuction with Trustee Meeting.	unction with
	12.b. Amount.	\$56

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Name of Person Filing Albert Mincey	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
	0. 0000.000 0000	
Name Principal Capital Management, LLC	2 Lohor Organization	
Trade Name, if any:	a. Labor Organization	
FOREST AND THE CONTROL OF THE CONTRO	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 801 Grand St.	c. Employer	
City Des Moines		
State Iowa ZIP Code + 4 50392		
Participants and an account of the second se	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	A natural annual security of the security of t	
Name Iron Workers Mid-South Pension Fund	Business solicitation	
Trade Name, if any:		
FIGURE IVALUE, II aliy.	the contraction of the contracti	
P.O. Box, Bldg., Room No., if any Suite 517	ACCUPATION OF THE PROPERTY OF	
Street 2450 Severn Avenue		-
with the state of		
City Metairie	The special contract of the sp	VISTO for the first of the desirability of confidence as many relaxant and proposed the first analysis around a supply of
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	9/29/94 Business Dinner approximat	ely \$50-\$75
		Topographic Control of the Control o
		The contraction of the contracti
	12.b. Amount.	\$50

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Name and address of Business (including trade name, if any).	9. Business deals with:
Name Landon Butler & Company	a. Labor Organization
Trade Name, if any:	Resident d
P.O. Box, Bldg., Room No., if any Suite 925	b. Trust
Street 700 Thirteenth St. NW	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20005	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Iron Workers Mid-South Pension Fund	Business solicitation
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 517	
Street 2450 Severn Avenue	
City Metairie	
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Business dinner: 3/24/-04 approximately \$50 - \$75
	12.b. Amount. \$50

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Oppenheimer Capital	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	D. Trust	
Street 1345 Avenue of the Americas	c. Employer	
City New York		
State New York ZIP Code + 4 10105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers Mid-South Pension Fund	Investment Manager for Pension Fun	đ
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 517		
Street 2450 Severn Avenue		week and the second sec
City Metairie		
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing.	\$33,364
	12.a. Nature of interest held or income received.	
	12/1/04 Business Dinner for Truster \$50 - \$75	es Approximately
	12.b. Amount.	\$50

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Name of Person Filing Albert Mincey	File Number U-
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The state of the s	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name ASB Captial Management	C. Lohar Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite 310	b. Trust
Street 1919 M Street, NW	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20036	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Iron Workers Mid-South Pension Fund	Business solicitation
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 517	
Street 2450 Severn Avenue	
Clty Metairie	
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	3/4/04 Business Dinner \$48.00
	12.b. Amount.

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	T	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Iron Workers Welfare Fund	Series a Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 517	b. Trust	
Street 2450 Severn Avenue	c. Employer	
City Metairie		
State Louisiana ZIP Code + 4 7,0001		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Health Insurance Plan for Union Me	mbers
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		The state of the s
Street		Compared to the control of the contr
City The second of the second		Confirmation of the second of
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received. Working lunch received in conjunction with Board of Trustee Meetings: 1/8/04 \$11 8-5-04 \$10	
	12.b. Amount.	\$21

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Iron Workers Mid-South Pension fund	No. I ober Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., If any Suite 517	b. Trust	
Street 2450 Severn Avenue	c. Employer	
City Metairie		
State Louisiana ZIP Code + 4 70001		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Retirement Plan for Union Members	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Working lunch in conjuction with Board of Trustee Meetings:	
	3/24/04 \$18.00	
	7/12/04 \$25.00	
	7/13/04 \$25.00 9/29/04 \$33.00	
	12.b. Amount, \$10.1	

Name of Person Fil	ing Albert	Mincev

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Zenith Administrators	2 Jahor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 517	b. Trust	
Street 2450 Severn Avenue	c. Employer	
City Metairie	I become	
State Louisiana ZIP Code + 4 70001		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
10. II 9.b. of 9.c. is checked give trust of employer's name.	Separate designation of the separate of the se	None party against the Account of the Contract
Name Iron Workers Mid-South Pension Fund	Pension Plan Administrator	**************************************
Trade Name, if any:		
Secretaria de la constitución de constitución		
P.O. Box, Bldg., Room No., if any Suite 517		
Street 2450 Severn Avenue		
Clb.		
City Metairie		
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing.	\$319,672
	12.a. Nature of interest held or income received.	
	7/12/04 Co-Sponsor dinner held in Trustee meeting \$19.00	conjunction with
	12.b. Amount.	\$19